FILED MAR 4 1950 STANDARD CERTIFICATE OF DEATH  1. PLACE OF DEATH  1.	. 300	eien MA	2 / 105A	THE DIVISION OF HE			6259			
1. PLACE OF DEATH  1. COUNTY  1.	-48	FILED INAL	( ± 1330							
1. PLACE OF DEATH  a. COUNTY  b. CITY CIT coulds corporate limits, write RURAL and give towards of the county of t		BIRTH NO.		REG. DIST. NO. 31C	PRIMARY REG. DIST.	HO. 1005 Regist	rar's No			
OR OR St. Louis  OR CHANGE OF ID and its beginned of insultations, the street address or bountless)  OR CHANGE OF ID and its beginned of insultations, the street address or bountless)  OR CHANGE OF ID and its beginned of insultations, the street address or bountless)  OR CHANGE OF ID AND	ኅ		ТН		2. USUAL RESID	ENCE (Where deceased liv-	ed. If institution: residence before			
Topy or Print)   Leon   Grage   Grage   County   County   February   County   February   County   February	ر	OR .		RURAL and give township) C. LENGTH OF STAY (In this place	or or	-	i give township)			
Type of Pylan   Leon   Grad	CORI	d. FULL NAME OF ( HOSPITAL OR INSTITUTION	If not in boopital or Enroute	institution, give street address or location) Homer Phillips	ADDRESS		Ve:∩Pilace			
Top of Print   Deon   Color of Race   7. Married Never Married   5. Sex   6. Color of Race   7. Married Never Married   7. Married Never Marr	E E	3. NAME OF	B. (Pirst)	b. (Middle)	c. (Last)		Month) (Day) (Year)			
13s. FATHER'S NAME			Leon		Grego	OF DEATH	2-17-150			
13s. FATHER'S NAME	NEN	_ // //		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	l last birthday)	. IF UNDER I YEAR I IF UNDER 21 HEE.			
13a. FATHER'S NAME	ERM	done during most of working	ng life, even įf retired)	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State	or foreign country)	COUNTRY?			
15. WAS DECEASED EVER IN U.S. ARMED FORCEST (16. SOCIAL SECURITY (17. INFORMANT'S SIGNATURE OR NAME ADDRESS (17. INFORMANT'S SIGNATURE ADDRESS (17. INFORMANT OR NAME ADDRESS (17. INFORM	<u> </u>	<del></del>		135. MOTHER'S MAIDEN	NAME	14. NAME OF HUSBAND				
15. WAS DECEASED EVER IN U. S. ARMED FORCEST   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   WW   WW   492-05-9427   Fannie Gregg 4015 Enright Ave   MEDICAL CERTIFICATION   INFORMANT'S SIGNATURE OR NAME   ADDRESS   WW   WW   492-05-9427   Fannie Gregg 4015 Enright Ave   MEDICAL CERTIFICATION   INTERVAL BETWEEN   MEDICAL CERTIFICATION   INTERVAL BETWEEN   MATECEDENT CAUSES   MEDICAL CERTIFICATION   INTERVAL BETWEEN   MATECEDENT CAUSES   Morbid conditions, if any, gisting DUE TO (b)   ADDRESS   Morbid conditions, if any, gisting DUE TO (c)   ADDRESS   Morbid conditions contributing to the details by not related to the disease or condition curring death.   19b. MAJOR FINDINGS OF OPERATION   DUE TO (c)   MAJOR FINDINGS OF OPERATION   MATECEDENT CAUSES   Morbid conditions contributing to the details by not related to the disease or condition curring death.   19b. MAJOR FINDINGS OF OPERATION   MATECEDENT CAUSES   Morbid conditions contributing to the details by not related to the disease or condition curring death.   19b. MAJOR FINDINGS OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   MORE   M	◀	John Quin	cy Grega	r   Fannie Wil	liams	5				
18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c)	IAKE	15. WAS DECEASED EVE (Yes. no. or unknown) (II	R IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY		S SIGNATURE OR NA	ME ADDRESS			
Enter only one course per line for (a), (b), and (c)  "This does not mean the mode of sping, such as heart feiture, exthenia, etc. It means the distributions of the dark distributions of the convex of conditions contributing to the dark but not related to the disease or condition coursing death.  DUE TO (c)  19a. DATE OF OPERA. TION  19b. MAJOR FINDINGS OF OPERATION  19c. DATE (Boselly)  21a. ACCIDENT SUICIDE  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE  21b. PLACE OF INJURY (e.g., in or about the suicide bidg., ee.)  19c. DATE (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF WHILE AT WORK AT WORK  19c. DATE (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF WHILE AT WORK AT WORK  22 I hereby certify that I attended the deceased from 19 , to 19 , that I last saw the deceased alive on 1, 19 , and that death occurred at 738 m, from the causes and on the date stated above.  22a. SIGNATURE  22a. BURIAL CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)  DATE REC DET LOCAL REGISTRARS SIGNATURE  22a. BURIAL CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)  DATE REC DET LOCAL REGISTRARS SIGNATURE  25c. FUNERAL DIRECTOR'S SIGNATURE Above 28  25c. PURERAL DIRECTOR'S SIGNATURE Above 28  25c. PURERAL DIRECTOR'S SIGNATURE Above 29  25c. PURERAL DIRECTOR'S SIGNATURE Above 27  25c. PURERAL DIRECTOR'S SIGNATURE Above 29  25c. PURER				MEDICAL		TORE TOTO D	INTERVAL BETWEEN			
Morbid conditions, if any, giving DUE TO (b)  This does not mean mode of dryn, such as heart fulture, extending the done cause (a) stating the heart fulture, extending the discovered time which caused death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the discover condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Breedly)  21d. TIME (Mosta) (Day) (Year) (Hour)  21d. How DID INJURY OCCUR?  22d. SIGNATURE (Day) (Hour) (	INK	Enter only one cause per	I, DISEASE OR O DIRECTLY LEAD	CONDITION DING TO DEATH*(a)			ONSET AND DEATH			
DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  12. DATE OF OPERA.  TION  13. DATE OF OPERA.  TION  21. ACCIDENT SUICIDE HOMICIDE 13. ACCIDENT SUICIDE HOMICIDE  21. ACCIDENT SUICIDE HOMICIDE  21. NOTWELLE OF INJURY (e.g., in or about home, farm, fastory, streat, office bldg., sta.) HOMICIDE  21. ACCIDENT SUICIDE HOMICIDE  21. HOW DID INJURY OCCUR?  21. HOW DID INJURY OCCUR?  21. How DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from WORK  22. I hereby certify that I attended the deceased from WORK  23. SGNATURE  24. SGNATURE  24. SGNATURE  24. NAME OF CEMETERY OR CREMATORY DATE RECO BY LOCAL REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE RUSSELL Und. Co.  27. SUICIDE RUSSELL	Ä				Dures &	10 of Level	en/			
DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition cousing death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about homicide (Day) (Year) (Boar) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) (S	BLAC	as heart failure, asthenia,	Morbid condition rise to the above the underlying co	ns, if any, giving DUE TO (b) cause (a) stating nuse last.		· · · · · · · · ·				
21a. ACCIDENT SUICIDE (Specify)   21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office bidg., etc.)   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   21d. TIME (Month) (Day) (Year) (Elogr)   21e. INJURY OCCURRED OF INJURY (e.g., in or about home, farm, factory, etreet, office bidg., etc.)   21f. HOW DID INJURY OCCUR?  21d. TIME (Month) (Day) (Year) (Elogr)   21e. INJURY OCCURRED OF INJURY OCCUR?  21d. TIME (Month) (Day) (Year) (Elogr)   21e. INJURY OCCURRED OF INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. Location Occur?  22f. Location Occur?  22f. Location Occur?  22f. Location Occur?  22f. Day Did Injury Occur?  22f. Location Occur?  22f. Day Did Injury Occur?  22f. Location Occur?  22f. Day		ease, injury, or complica-		DUE TO (c)	<del> </del>					
21a. ACCIDENT SUICIDE (Specify)   21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, etrest, office bidg., etc.)   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)   (STATE)   (COUNTY)   (STATE)   (COUNTY)   (STATE)   (COUNTY)   (STATE)   (COUNTY)   (COUNTY)   (STATE)   (COUNTY)   (COUNTY)   (COUNTY)   (COUNTY)   (STATE)   (COUNTY)	DIN	tion which caused death.	Conditions contri	ibuting to the death but not						
21a. ACCIDENT SUICIDE   COUNTY   COUNTY	UNE/	19a. DATE OF OPERA- TION	19b. MAJOR FIN	NDINGS OF OPERATION	•	<u></u>				
21   NOT WHILE AT WORK	•	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP) (CO	UNTY STATES			
24s. BURIAL, CREMA- 24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d; LOCATION (Olty, town, or county) (State)  TION, REMOVAL (Speedty)   2-20-50   Washington Park Cem.   St. Louis County; Mo.  DATE RECO BY LOCAL   REGISTRARS, SIGNATURE   25. FUMERAL DIRECTOR'S SIGNATURE   ADDRESS    Russell Und. Co. 2732 Pine st	SO	21d. TIME (Month) OF INJURY	(Day) (Year)	. WHILEAT [ ] NOT WHILE	21f. HOW DID INJURY	OCCUR?				
24s. BURIAL, CREMA- 24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d; LOCATION (Olty, town, or county) (State)  TION, REMOVAL (Speedty)   2-20-50   Washington Park Cem.   St. Louis County; Mo.  DATE RECO BY LOCAL   REGISTRARS, SIGNATURE   25. FUMERAL DIRECTOR'S SIGNATURE   ADDRESS    Russell Und. Co. 2732 Pine st	INLY	22. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw the deceased								
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS RUSSell Und. Co. 2732 Pine st			6 la	ylar Caroner	1.13.00,0	earl .	18:50h			
DATE RECTO BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS RES 20 1950 - 3 Casaler Russell Und Co. 2732 Pine st	ATT.	24a. BURIAL, CREMA TION, REMOVAL (Bandly Runna //)	24b. DATE (	,		• • •				
Russell Und Co. 2732 Pine st	*	DAZE REC'D BY LOCAL	REGISTRAR'S			TOR'S SIGNATURE	ADDRESS			
		LER 50 1820	1 d. /	3 Lasater			2732 Pine st			

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	ertificate v	vas embalm	ed by me, or by
	Student	Embalmer	Ho
working under my personal supervision.	_		

.Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

Licensed Embalmer

If this body is not embalmed, fact should be so stated above.